CHILDRENS NAMES:

ATTENDING SCHOOL:

JAN 2021 B/A CARE DPS/ECE

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

WEEK OF: 1/4

Jan 4 Jan 5

Jan 6

Jan 7 Jan 8

## FULL DAYS @

B/A CARE NEEDED:

**FULL DAY:**

# 

FULL DAY:

FULL DAY: FULL DAY:

# 

FULL DAY:

## Columbian

WEEK OF:1/11

Jan 11 Jan 12

Jan 13 Jan 14

Jan 15

B/A CARE NEEDED:

Before:

**After:**

Before: After:

Before: After:

Before: After:

Before: After:

WEEK OF: 1/18

Jan 18

Jan 19 Jan 20 Jan 21 Jan 22

B/A CARE NEEDED:

ALL PROGRAMS

**CLOSED**

Jan 25

Before:

After:

Jan 26

Before: After:

Jan 27

Before: After:

Jan 28

Before: After:

Jan 29

1/29 Full

WEEK OF: 1/25

## B/A CARE NEEDED:

Before: After:

**Before:**

After:

Before:

After:

Before: After:

**Full**

## Day

day location TBD

STEPS FOR CARE CALCULATION:

1. **Enter 1 next to the weeks you will need B/A care. Weekly rate covers all before and after care sessions each week and cannot be prorated. Also enter 1 next to the Full days you will need full day care (when there's no school at your home school).**
2. **Total the Number of B/a Weeks and Full days signing up for. Payment must accompany calendar to reserve spot.**
3. **Limited space available. Payment is due AT LEAST by the Wednesday prior to the upcoming week, but it is encouraged earlier in order to increase possibility of spot. Calendars are also required for CCAP families to reserve their space.**
4. **For Safety and tracking purposes, please also check each before/after session needed,**

and let Director know if those care needs change after calendar submittal.

DUES CALCULATION:

Number of B/A weeks: X

# $ 125.00 **=**

$

# $

**Number of Full Days:**  **X** $ 45.00 **($45/DAY)=**

# $

X Number of Children=

\*\*Spots reserved on first paid/scheduled basis. No spot is guaranteed until paid/confirmed.

\*\*WEEKLY RATE NOT PRORATED. DROP-INS NOT AVAILABLE AT THIS TIME.\*\*

**TOTAL DUE:**

# $